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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4.3	3/25/0
FORMALITY REVIEW	5:A	C80L	07/06/01
RESPONSE FORMALITY REVIEW	Tz	947	09/119/01

09/850123

INDEX OF CLAIMS

	Rejected	N	Non-elected
	(Through numeral) Canceled	A	Appeal
÷	Restricted	0	Objected

÷		
Claim Date	Claim Date Cla	aim Date
Final 5 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Original Original	Original
	51	101
	52	102
3 0 4 0 5 0	53	103
	54	104
5 0	55	105
6 0	58	106
. 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	57	108
	59	109
	60	110
	61	111
12 12	62	112
13 12	63	113
140 0/	64	114
D50 M D50 M	65	116
	66	117
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	70	120
	71	121
(2)	72	122
	73	123
	74	124
	75	125
(26) /	76	127
27 /	78	128
28	79	129
30	80	130
31	81	131
32	82	132
\ 33	83	133
34	84	135
35	85	136
36	87	137
37	88	138
38	89	139
40	90	140
41	91	141
42	92	142
43	93	143
44	94	144
45	95	145
46	96	147
47	97	148
48	99	149
49	100	150
50		

If more than 150 claims or 10 actions staple additional sheet here BEST AVAILABLE COPY

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